



WORK ORDER#

Town ☐ County ☐

EL ☐ RC ☐

☐ Permanent

☐ Temporary

TOWN OF BEDFORD

215 E MAIN ST.

BEDFORD, VA 24523

PH (540) 587-6047 / FX (540)587-6143

RESIDENTIAL UTILITY SERVICE APPLICATION

DATE OF APPLICATION _____ DATE SERVICE DESIRED _____

DEPOSIT DATE: _____ AMOUNT: _____ DOB: _____

NAME _____ S. S. # _____

FEDERAL ID # _____

ELECTRIC ☐

REFUSE ☐

Service address (street #) (street name) _____ (Bedford or Big Island)

MAILING ADDRESS _____

(If different)

PHONE NUMBER: HOME _____ WORK _____

RESIDENCE: OWN ☐ RENT ☐ LANDLORD _____

HAVE YOU PREVIOUSLY RECEIVED UTILITY SERVICE FROM THE TOWN OF BEDFORD?

YES ☐ NO ☐

Previous Acct#: _____ Cutoff Date: _____

PREVIOUS SERVICED ADDRESS _____

EMPLOYER (COMPANY NAME) _____

ADDRESS _____

NAME OF SPOUSE/PARTNER _____

THEIR PLACE OF EMPLOYMENT _____

NAME OF RELATIVE NOT LIVING WITH YOU: _____

(Someone we can contact if you can not be reached)

ADDRESS _____ Phone # _____

RELATION: _____

I understand that this application for utility service with the Town of Bedford will establish an account in my name and that I will be responsible for all charges that are incurred on this account. I agree to abide by the terms and conditions of the Town Electric Tariff and other ordinances governing the utility services provided by the town of as amended from time to time by the Town Council of the Town of Bedford.

SIGNATURE: _____